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ABSTRACT

This study examined the attitudes of undergraduate and graduate nursing students (N=282) towards caring for Acquired Immune Deficiency Syndrome (AIDS) patients. A 57-item Likert type AIDS attitude questionnaire focused on the following questions: (1) Is there a difference in the comfort level of juniors, seniors, or graduate students caring for AIDS patients? (2) Is there a difference in the confidence level of students who have or have not had a course on AIDS? (3) Does the age of an individual affect his/her attitude towards caring for an AIDS patient? (4) Does personal experience of individuals diagnosed with AIDS, make a difference in the student's attitude towards caring for an AIDS patient? Findings revealed that, in general, students had fairly positive attitudes towards caring for AIDS patients. Most students were highly supportive of patients' rights and felt there was insufficient curriculum preparation to adequately care for these clients. Those factors which contributed positively toward feelings of more adequate curriculum preparation were: knowing someone with AIDS; having had a formal AIDS class; having cared for someone with AIDS; and the age of the student. Contains a 52-item bibliography, the questionnaire, and responses. (Author/GLR)

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A STUDY OF THE ATTITUDES OF NURSING STUDENTS TOWARDS CARING FOR AIDS PATIENTS

Law, Politics. and Economics of Higher Education

by

Suzanne E. Malloy, MSN
San Jose State University

Martha Nawy, Ph.D.
Oakland Cluster

A Practicum presented to Nova University in partial
fulfillment of the requirements for the
degree of Doctor of Education

Nova University

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ABSTRACT

A STUDY OF THE ATTITUDES OF NURSING STUDENTS TOWARDS CARING FOR AIDS PATIENTS

The AIDS epidemic has had extensive implications not only for the health care system, but also for nurse educators throughout the U.S. In 1981 there were fewer than sixty cases of AIDS in the U.S. However, by February 1989 the number of reported cases of AIDS in the U.S. exceeded 88,000 (Rogers, 1989). This study examined the attitudes of undergraduate and graduate nursing students towards caring for AIDS patients.

Since relatively little research has been conducted on the attitudes of nursing students, nursing faculty have continued to function without adequate policies and with insufficient data regarding student' beliefs.about caring for AIDS patients. Economic and legal issues related to this topic are also just beginning to be addressed in the literature. Few nursing programs have included formal AIDS courses in their curricula, and even fewer report established policies for nursing faculty regarding clinical assignments.

Two hundred eighty two undergraduate generic students, RN/BSN, and graduate nursing students completed a 57 item likert type AIDS Attitude Questionnaire. The study focused on the following questions: (a) Is there a difference in the comfort level of students (ie. Juniors, Seniors, or Graduate students) caring for AIDS patients? (b) Is there a difference in the confidence level of nursing students who have completed a formal AIDS course, compared with those students who have not had a course in AIDS? (c) Does the age of an individual affect his/her attitude towards caring for an AIDS patient? (d) Does personal contact or knowing a personal acquaintance who has been diagnosed with AIDS, make a difference in the attitude of a nursing student towards caring for an AIDS patient?

Descriptive statistics, factor analysis, and Pearson Correlations were completed, along with multiple regression analyses. Six subscales were readily identified. These included: (1) the degree of comfort or discomfort in caring for HIV positive patients, (2) rights of the caregiver to refuse care, (3) limiting the rights of AIDS patients, (4) judgments of moral issues , including behaviors causing AIDS transmission, (5) risks of contracting AIDS to the health care giver, and (6) students' perceived lack of educational preparation for caring for AIDS clients.

It was found that, in general, students had fairly positive attitudes towards caring for AIDS patients. Most students were highly supportive of patients' rights and felt there was insufficient curriculum preparation to adequately care for these clients. Those factors which contributed positively toward feelings of more adequate curriculum preparation were: knowing someone with AIDS, having had a formal AIDS class, having cared for someone with AIDS as a student, and the age of the student. Additionally, Senior generic undergraduates felt more comfortable in their ability to care for AIDS patients, than did Sophomores or Juniors.

These findings have implications for both teaching strategies and curriculum revision regarding presentation of AIDS content. Data from this study may assist in providing a basis for developing policy and procedural guidelines for future nursing faculty.

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INTRODUCTION

The advent of AIDS (Acquired Immune Deficiency Syndrome) in the eighties has affected nearly every aspect of health care in the United States. The impact of this life-threatening disease has had extensive implications not only for the entire health care system, but also for nursing curricula throughout the country. In 1981 when AIDS was first discovered, there were fewer than sixty cases in the U.S. By February 1989 the number of reported cases in the U.S. exceeded 88,000 (Rogers, 1989). According to the U.S. Public Health Service, a cummulative total of 365,000 cases will have been diagnosed by the end of1992, and by then there will have been over 263,000 total deaths (Center for Disease Control, 1988).

In preparing nursing students to care for patients afflicted with this devastating illness, nurse educators face many challenges. A plethora of legal, ethical and economic issues exist with regard to caring for AIDS patients. These dilemmas are present for previously licensed registered nurses, as well as for those just entering the nursing profession. Nursing education programs have specific responsibilities to both students and faculty alike concerning this area of content.

Statement of the Problem

Prior to 1988, nursing students at San Jose State University (SJSU) received no formal instruction about the disease transmission or prevention of AIDS. Efforts to integrate various aspects of AIDS content has been undertaken during the past two-and-one-half years, but content is dispersed in isolated increments over the entire three years of undergraduate nursing courses. The outcome of this approach is a very piecemeal approach to integration of subject matter.

This study was completed during the Spring of 1990 and at that time, only a small proportion of the SJSU undergraduate students had taken an AIDS elective nursing course. The number of students enrolled in the elective for the Spring' 90 semester was approximately 40 out of 420 students. An elective course was originally developed in 1988 to allow students to gather a systematic, comprehensive data base about AIDS and AIDS patients, on which to base their nursing care. Those students who did not take the nursing elective continue to acquire information in a scattered fashion, allowing for significant gaps in their knowledge base and less preparation to care for this select patient population. Nevertheless, the exposure to the AIDS population continues to rise at an alarming rate in all Santa Clara county hospitals where SJSU students have clinical practicals. Nursing faculty at SJSU have functioned without adequate knowledge of how students feel about caring for AIDS patients, and without a formal policy regarding assignment of AIDS patients to the care of student nurses. This has led to confusion and misconceptions about care of AIDS patients on the part of students and faculty alike.

Statement of the Purpose

The purpose of this study was to examine the attitudes of nursing students at SJSU towards caring for AIDS patients. In order to implement more effective teaching strategies and assist students to cope with the challenges inherent in caring for AIDS patients, it was critical to initially establish a data base regarding students beliefs concerning their own rights and responsibilities in caring for AIDS patients, as well as their attitudes toward the present curriculum preparation of AIDS content.

An extensive literature search on attitudes of nurses and nursing students related to caring for AIDS patients was conducted. A questionnaire, developed by a fellow nurse researcher in 1988, was used with minimal revisions of questions focusing on curriculum preparation at SJSU. All generic baccalaureate nursing students, RN-BSN undergraduates, and Masters nursing students enrolled at SJSU in the Spring of 1990 were asked to complete the fifty-seven item attitude questionnaire (Appendix A). Generic nursing students are those who complete an undergraduate baccalaureate curriculum, usually in four to five years.

The data were then analyzed to include descriptive statistics, as well as factor analysis. Using subgroup clusterings from the factor analysis, the attitude items were organized into the following six indices: (1) degree of student nurse comfort in caring for AIDS patients, (2) concerns about rights of caregivers to refuse care of the AIDS patient, (3) perceived lack of AIDS patients' rights, (4) student nurses' judgments of moral issues associated with AIDS, (5) possible risks of AIDS to health care givers, and (6), students perceived lack of educational preparation concerning AIDS care.

semesters, with limited time devoted to indepth coverage of specific topic areas. For example, students might be exposed to the need for handwashing and appropriate needle precautions in an early skills class, but might not be taught about specific disease transmission of the HIV (AIDS) virus until two semesters later.

Beginning in1988 an AIDS elective has been taught once a year rather than on a semester basis. Students have the option of taking one required nursing elective, but this course may be at any time during their undergraduate career, and may be selected from a list of over eight different content areas. The total number of students who have completed the AIDS elective since 1988 has been nearly ninety, only twelve percent of SJSU's undergraduate nursing student population. While this course does address the need for a small number of students, approximately ninety percent of the undergraduate nursing population continue to receive information about AIDS and AIDS care in a patchwork fashion. AIDS was only first reported in 1981 (Centers for Disease Control, 1981). However, the SJSU nursing curriculum has not adjusted to the far-reaching effects of this major health care problem, nor to the affective needs of students caring for this patient population.

Statistics vary on the prevalence of AIDS, from California ranking second in the nation's states (Van Servalen, Marram, Lewis, and Leake, 1988), to fifth highest (San Jose Mercury News, June 17, 1990). The spread of the AIDS epidemic in California alone is truly awesome. In 1987 the total AIDS deaths for the state were 2,651, with the 35-44 year-old male population most heavily affected. In Santa Clara County, the area where San Jose State is located, the total AIDS deaths in 1987 were118. By 1988

AIDS ranked as the tenth leading case of death for all age groups (Santa Clara County, CA - Vital Statistics, 1988), and the second leading cause of death in the 25-34 year-olds. To date, there have been six hundred cummulative AIDS cases documented in Santa Clara County, and over 376 deaths from AIDS since 1983 (Santa Clara County, CA- Vital Statistics, 1989). Because student nurses have a high likelihood of coming into contact with this group of clients in either their student or professional nursing careers, it would be prudent for nursing education to adequately prepare them for the physical and psychological care of AIDS patients. Additionally, they need to assist students to face their own values and concerns.

Nursing students throughout the U.S. have reported numerous problems and questions regarding care of AIDS clients (Lester and Beard, 1988, Wiley, Heath, and Acklin, 1988, and Bremmer and Brown, 1986). Areas of unease for students have focused largely on ethical and legal issues, while faculty and nursing education administration must additionally face the political, social and economic impacts of AIDS.

To date, the nursing faculty at SJSU have functioned without sufficient knowledge of how students really feel about caring for AIDS patients. No formal policy exists regarding clinical assignment of AIDS patients. Several other questions come to mind. What are the guidelines if a student refuses to care for an AIDS patient? Could the University be at risk for legal battles because it lacks formal policy and procedural guidelines? What if a student acquires AIDS as a result of a clinical experience in their role as a student? Would the University or the individual faculty be subjected to litigation? Will the attitudes and fears related to AIDS prevent students from entering a profession which is already experiencing a nationwide shortage, or will these concerns promote an exodus of those already in the profession?

The concerns are legitimate ones - not to be taken lightly. Since so many questions remain unanswered, this study was designed to produce data regarding nursing students' appraisal of their risk of HIV exposure, their attitudes toward caring for AIDS patients, and their beliefs about their curriculum preparation.

No other health care problem in recent history has had such major implications for nursing programs. Because the AIDS issue covers such a wide gamut of ethical, legal and political arenas, it is highly appropriate for the Law, Politics, and Economics of Higher Education Seminar. Evaluation of the student attitude survey will not only lay the foundation for guidelines for curriculum development, but for assignments of students in the clinical area as well. Input from the results of this study will also be available to assist SJSU nursing faculty in a major curriculum revision plan which will be underway the Fall of 1990.

Review of the Literature

Nursing education is charged with the task of preparing nurses to actively meet the health care needs of the public at large. Due to the advent of the AIDS epidemic, the entire U.S. health care delivery system must face new challenges. Specifically, nurse educators need to address a variety of complex issues associated with the comprehensive care of the AIDS patient, and react proactively by developing procedures and guidelines to meet the needs of faculty, nursing students, and administration alike. Investigation of the current research impacting nursing education was undertaken to provide a framework as a basis for this study concerning students' attitudes toward caring for AIDS patients.

Attitudes and Fears of Health Care Providers

When AIDS was first discovered in the U.S. at the beginning of the decade, lack of data about AIDS transmission sparked the fuels of fear and anxiety for the public at large. Health care providers were not immune to such fears. Numerous research studies have focused on those attitudes.

Concerns were voiced about such issues as homophobia, fear of contracting AIDS through blood or needlesticks, and socio-ethical impacts related the transmission of the HIV virus from the gay and lesbian populations, or IV drug abusers (Kelly, Lawrence, Hood, Smith, and Cook, 1988, and Van Servellen, Marram, Lewis, and Leake, 1988).

In a 1987 study (Blumenfield, Smith, Milazzo, Scropian, and Wormser, 1987) a survey of 340 nurses at a large medical center in New York State revealed that between one-fourth and one-half of those surveyed feared caring for homosexual men or male prisoners because of the high incidence of AIDS in those populations. Half of the RNs believed that despite precautions used, they could contract AIDS as a health care giver, and slightly more than 50% stated they would ask for a transfer to another unit if they routinely had to care for AIDS patients.

Similar results have been reported by other researchers. In a large urban teaching hospital in New York City, physicians and nurses were asked to complete a questionnaire regarding their attitudes about homosexuality (Douglas, Kalman and Kalman, 1985). Overall, both groups reported a low-grade homophobia. A surprising ten percent of respondents agreed with the statement that homosexuals who contract AIDS are "getting what they deserve."

Other examples of prejudicial attitudes towards homosexuals were reflected in studies by Young (1988) and Barrick (1988). Twenty five percent of a group of nursing care providers in California (N=208) agreed with a statement that patients with AIDS should be quarantined. Additionally, there was a significant correlation between negative attitudes toward gay individuals and an unwillingness to work with AIDS patients (Barrick, 1988). Kelly and fellow researchers (Kelly, Lawrence, Hood, Smith and Cook, 1988) reported RN's feelings of homosexuals being more deserving of AIDS, and when comparing patients in a vignette scenario, evaluated homosexuals with AIDS more harshly than leukemia patients.

A large scale survey study of 1,019 California nurses revealed other perceived fears and concerns. Nearly one-fourth of the sample believed themselves to be at a high or moderate risk for contracting AIDS because of occupational exposure (Van Servellen, Marram, Lewis, and Lake, 1988). Similar findings were described in a study by Blumenfeld and colleagues (1987). One quarter of nurses stated they would absolutely not accept a job caring for AIDS patients. Slightly over one-half of these individuals felt that nurses should be given the option to refuse care for AIDS patients, or those suspected to be HIV positive.

Several other psychosocial dimensions to caring for AIDS clients have also been identified (Feinblum, 1986). It is not unusual for nurses or other health care providers to feel anger about the hopelessness of the AIDS illness and to deny its fatal outcome. The relative youth of AIDS patients makes dealing with death even more poignant. Scherer and associates

(Scherer, Haughey, and Yow-Wu, 1989) reported comparable concerns among approximately one-third of a random sample of 581 nurses in Erie County, New York, when asked about the hopelessness of the prognosis for AIDS patients.

One of the earliest studies reflecting the psychosocial research regarding AIDS was presented at the Paris AIDS conference in 1986 (Macks, 1986). Of 1194 urban hospital employees surveyed, 49% indicated they spent less time with AIDS patients while 35% reported actively avoiding AIDS patients. The concerns and fears expressed by health care providers have been echoed by families and friends (Blumenfeld, 1987, Grossman, 1988).

Included in RNs' greatest worries, which is well documented in the literature is the fear of becoming infected with the HIV virus (Macks,1986, & Wiley, Heath, and Acklin, 1988). Employees identified as working in areas of high exposure, such as San Francisco General Hospital, have admitted to poor compliance with C.D.C. (Center for Communicable Disease) guidelines (RN, 1988). Similar findings are noted by Gruber and associates (Gruber, Beavers, Johnson, Brackett, Lopez, Feldman, and Ventura, 1989). Nurses demonstrated no relationship between knowledge about AIDS, and the implementation of universal precautions. In fact, the higher the knowledge score, the lower the isolation practice score. Nurses often do not practice what they preach.

Despite all of the warnings about the potential for needlestick injuries, it is still a fairly common occurence in most acute care settings. Of the reported 326 cases of needlesticks over a ten month period in a large East coast university hospital, 64% of those reported involved nurses or nursing students (Jagger, Hunt, Brand-Elnagger, and Pearson, 1988). It does lead one to question how many incidents were not reported.

Reports of needlestick exposure among health care providers and subsequent seroconversion to a positive HIV test actually provides hopeful information and should alleviate some of the fears of nurses. The risk of acquiring AIDS in health care related activities is less than 1% at a 95% confidence level (Friedland & Klein, 1987).

Unfortunately the fear of contagion might actually lead to two very negative outcomes for the nursing profession. Buerhaus (1987) suggested that risk of exposure may decrease the attractiveness of nursing as a career option for prospective students. Equally devastating for the profession would be the exodus of those individuals already in nursing. Research by Wiley et al. (1988) confirmed this suspicion. A recent editorial by Barnum (1990) addresses another serious economic question affecting nurses' futures. Could the cost of health insurance become either too exorbitant, or perhaps even unaccessible to nurses, because of the AIDS crisis? The nursing profession is already experiencing a nursing shortage, and can ill-afford to lose any of its nurses.

Students' Attitudes

Many of the fears and concerns of other professional health care associates are also prevalent among nursing students. Wiley and colleagues (1988) investigated the attitudes of three groups of students: Junior and Senior Generic Undergraduate (N=77), RN/BSN (N=18), and Masters (N=47). Fifty four percent of the students suggested that health care workers should be permitted to refuse care of an HIV seropositive patient. Those who agreed with the statement that they would definitely or probably refuse care to an AIDS patient were 40% of the RN/BSN group and 45% of the generic undergraduates. In contrast, only 21 percent of the MSN students said they would probably refuse.

A parallel study of Canadian students echoed U.S. student's concerns (Armstrong-Esther, and Hewitt, 1989). In this case, generic BSN students seemed to exhibit more liberal attitudes than the cohort group of RN/BSN students. Well over one-half of the generic undergraduates claimed AIDS patients should be treated no differently than those with other diseases. Although not statistically significant, restrictive measures within society- such as quarantine, mandatory discrimination, and employment restrictions- were less likely to be favored by the generic BSN students. Completion of a detailed knowledge questionnaire revealed students to be generally knowledgeable about AIDS, but somewhat misinformed about key symptoms and specific modes of transmission.

One of the key points concerning methods to decrease fear surrounds the concept of knowledge. If individuals are more knowledgeable, do their attitudes towards caring for AIDS patients differ? Several previous studies of RN groups have demonstrated positive outcomes of education. Young's research (1988) showed that nurse attitudes toward homosexuality could be changed with education, as did the findings of others(Flaskerud, Lewis, and Shin, 1989, & McIlvenna, 1988).

A study of undergraduate and graduate students in several disciplines suggested knowledge about AIDS is important in reducing fear and promoting empathy (Royce, Hooper, and Hatch, 1987). An interesting finding of this report was that an inverse relationship existed between age and degree of empathy for AIDS victims. The investigators hypothesized that this attitude was possibly a reflection of younger students' higher idealism or a greater acceptance of persons' diverse lifestyles.

Lawrence and Lawrence (1989) compared four different populations to determine if knowledge of AIDS had any effect on attitude; this sample included 60 registered nurses, 50 baccalaureate nursing students, 42 liberal arts college students and 30 nonnurse adults. It was noted that professional nurses with graduate degrees demonstrated the highest knowledge base and the most positive attitudes about AIDS, while nursing students' attitudes were more similar to the attitudes of nonnursing students. However, after exposure to content about AIDS, the student nurses did show more of an increase in knowledge and more significant attitude changes than their fellow college students.

Data generated by Lester and Beard (1988) seem to contradict the findings of Lawrence and Lawrence (1989). In a study of BSN students enrolled in a four year baccalaureate program in the midwest, students who scored high in knowledge also were more fearful of caring for AIDS patients and were less willing to care for those clients (Lester & Beard, 1988). The sample of 177 students represented sophomores, juniors, and seniors. Similar to Wiley's findings (1988), 49% of these students replied that they preferred not to care for AIDS patients. Additionally, there was a significant difference in those who thought nursing students should be assigned to AIDS patients (33.3%) compared to those who did not express this belief (36.2%). Rather than care for an AIDS patient, 17.5% (N=31) stated they would quit their jobs. The majority of students in this sample were not acquainted with an AIDS patient (85.3%) nor had most provided care for an AIDS client (N=147, 83.1%).

A recent small scale research study by Klish (1990) attempted to examine student nurse's common reactions to their first experience of caring for an HIV positive patient. Eleven students summarized their attitudes. They believed caring for an AIDS patient forced them to face their personal fears and confront their own preconceived beliefs about persons with AIDS. Regardless of their didactic preparation, most subjects in this study felt their knowledge to be inadequate (which they believed further compounded their fears and anxieties).

Attitudes regarding a need for increased content regarding AIDS and caring for AIDS patients were echoed by senior nursing students (n-87) in a northwestern university (Synoground, 1988). Although overall responses were generally positive regarding students' attitudes towards caring for AIDS patients, fifty-two percent of these students did not feel they had enough knowledge and facts to communicate effectively with the families and AIDS patients themselves.

A second critical question for educators focuses around the issue of ethics and students' refusal to care for AIDS patients. It has been cited that many providers worry about contracting the HIV virus through occupational exposure to those infected (Flaskerud et.al., 1987, Blumenfeld et. al., 1987, Gruber et. al., 1989, Buerhaus, 1987, Macks, 1986, & Wiley et. al., 1988)

It is no wonder then that many individuals preparing to be RNs have expressed similar concerns. An informal study of nursing students in Georgia (Bremner and Brown, 1986) addressed the controversial question of refusal of assignments. All but one student agreed with a student's right to not accept the assignment, while in a student role. Though not as dramatic of a response, 49% of respondents in Lester and Beard's survey (1988) replied that they would prefer not to care for AIDS patients.

In response to resolving the question of risk versus responsibility, the American Nurses' Association (ANA) has developed a position statement (198) guiding nurses in the decision-making process. It is interesting to discover that one group of 1987 graduates (n-427) largely accepted assignments of AIDS patients. Nearly two-thirds of this group stated they would provide direct care to AIDS clients, while taking proper handling of secretions and blood precautions. An additional 26.1% felt they would accept such an assignment reluctantly, while only 5% (N-21) chose to have no contact with AIDS patients (Cassells and Redman, 1989). Such research findings generate numerous ethical and legal questions for nurse educators.

Implications for Nursing Education

The literature reflects that educators are searching for information which accurately reflects the extent of the problem, and possible solutions. One major issue deals with protecting the rights and welfare of faculty, students, and patients (Spero, 1988).

Bowles and Carwein (1988) published one of the earliest surveys of baccalaureate schools' guidelines and policies on AIDS. Of the 242 National League for Nursing (NLN) - accredited schools responding, 76% revealed they had no policies established for dealing with assignment of students to AIDS patients, and 49% of the schools had no future plans to develop policies. Fifty-four percent (N-130) of the replies stated that their institutions do assign students to AIDS patients, while 33% do not.

Obviously the question of whether a student nurse should or should not be assigned to care for an AIDS client is not only an ethical issue for faculty, but has possible legal ramifications for faculty and administration alike. For this reason, nursing educators applaude NLN's AIDS Guidelines for Schools of Nursing (1988), which enumerated recommendations for faculty, institutions and students. The NLN has acted in recognition of ANA's Nursing Code of Ethics (ANA, 1985). In summary this code states that all nursing professionals, including faculty, have a responsibility to provide care to all patients, including those with AIDS.

Some educators, such as Bremner and Brown (1986) postulate that students should not be assigned as primary care giver to an AIDS client, and that students do have a right to refuse assignment. Recommendations for schools to deal with students who refuse care have also been outlined in the literature (Matocha, 1989, Hodges and Poteet, 1987).

Institutions such as the University of Nevada have published such guidelines (Carwein and Bowles, 1988). Additionally, the Associate Degree Nursing directors in California have also proposed a draft policy statement regarding the AIDS issue. At present few schools have developed policies for students or faculty who have tested HIV positive themselves (Bowles and Carwein, 1988).

A second major issue confronting schools of nursing is that of providing adequate education to nursing students to care for AIDS clients (Spero, 1988). A national survey by Chitty (1989) provided data to help address that issue. Of 366 respondents, 98% of the schools replied they were including some content about AIDS. However, 72% of the schools stated they spent five or fewer classroom hours on AIDS content. Only six out of 366 schools were not teaching any content. Since this was a random survey, the question remains whether the 1/3 of schools sampled who did not respond, were likewise not teaching AIDS didactic content. However, the fact that as many as six schools denied including content on one of the nation's major public health problems is disconcerting and perplexing.

Only 4.6% of this sample reported offering an AIDS elective (Chitty, 1989). This type of course offers an intensive, indepth opportunity for students to develop a concrete knowledge base about AIDS and AIDS care (Hale, 1989). Matocha (1989) has proposed a clinical practicum in the infection control clinic setting. This experience with HIV seropositive clients offered students a unique opportunity to apply concepts of AIDS counseling and AIDS care. Few reports of clinical experiences for nursing students working with AIDS clients are reported in the literature to date.. Similarly, there were no studies available regarding the knowledge base of faculty concerning AIDS. Although suggestions have been made and research has been conducted in undergraduate programs concerning didactic content (Ungvarski, 1987, & Chitty, 1989), no studies were found that identify AIDS content in graduate programs.

Hurley and McGriff (1989 c) have addressed the following four major curriculum issues for the future: (1) improvement of psychosocial skills among students, (2) a need for strategies to assist students to cope with the stress in dealing with deaths among such a young age group, (3) a stronger theoretical knowledge base to better care for AIDS clients, and (4) a need for faculty to come to terms with and openly address their fears and prejudices. If faculty are to serve as professional role models, it seems imperative that they first have their own house in order. Kelly and associates (Kelly et. al, 1988) echo the need for further sensitivity training for all caregivers.

Due to the far-reaching legal implications associated with caring for AIDS patients, two states (Washington and Florida) have made AIDS education a mandatory requirement for licensure renewal for physician, nurses and all other health care professionals (RN, 1988). Numerous others have addressed the wide variety of legal issues that exist related to the AIDS situation (Annas, 1988, Northrup, 1988, Creighton, 1986, and Bremner and Brown, 1986).

Closely related to ethical and legal dilemmas for nursing education, are the possible economic consequences to the institution and nursing education, in general. Results of an informal survey by Ingram(1988) suggest the AIDS crisis has had a negative impact on nursing as a possible career choice. With a trend toward already declining student nurse enrollments in the last five years, and a projection for a future continued nursing shortage, the profession can ill-afford such negative predictions. Can administration prepare itself if faculty and students pursue financial renumeration for contracting AIDS, in their affiliate role with the university? If the FTES (faculty to student ratio) must be decreased to more closely supervise students caring for AIDS patients, the ultimate outcome will be in terms of dollars. Thus, it seems imperative that schools of nursing begin to address the many aspects of the AIDS issue as soon as possible.

Summary

Hurley and McGriff (1989 a: 44) have stated: "Schools of nursing, charged with preparing students for professional practice, have a clear and urgent obligation to prepare students to care for persons with AIDS". It is encouraging that significant research has previously been completed regarding attitudes of registered nurses caring for AIDS patients.

The review of the literature has identified several implications for further research. There is a notable lack of longitudinal studies, and few studies have addressed the effect cultural and religious influences have on the attitudes of care-givers. No studies were noted to compare differences in those student nurse populations where AIDS has a very high incidence, with those states experiencing a low incidence of AIDS. No studies documented the knowledge or attitudes of nursing faculty related to AIDS patients. Relatively few studies have been conducted regarding student nurses attitudes and knowledge. Once that data base is firmly established, schools can move forward to follow NLN's guidelines and establish formal policies and procedures.

PROCEDURES

Procedures for the Collection of Data

The following procedures were followed in the collection of the data:

1. A questionnaire was initially adapted from the literature and developed by a fellow researcher (Synoground, 1988). This questionnaire was designed to elicit the attitudes of student nurses towards caring for AIDS patients. After expert panel review, the questionnaire was distributed to eighty-seven senior baccalaureate students in a northwestern university. Established reliability of the overall

questionnaire was determined to be .89 using Cronbach's alpha coefficient. Permission was asked by the investigator to use the tool (Appendix B).

Two SJSU faculty familiar with the SJSU nursing curriculum provided informal feedback regarding clarity and appropriateness of the tool. Six questions specific to the issue of curriculum content were added to the questionnaire. Several other questions were added specific to the risks versus the rights of health care personnel.

The final revised questionnaire consisted of 57 items and used a Likert-type scale with weighted responses. Responses ranged from 1 (highly agree) to 5 (highly disagree). Those answering "unsure" were rated as a 3. All items and options for individual questions were scrambled and several questions were reverse ordered. Questions were randomly dispersed throughout the instrument. Subjects were instructed to respond to each item with their own opinion, regardless of whether they had actually cared for an HIV seropositive AIDS patient. The first eleven questions included demographic data.

2. SJSU Human Subjects' Committee was approached for approval of the proposed research project (Appendix C).

3. During April and May 1990 all Semester 3 through 8 (Sophomore, Junior & Senior) SJSU baccalaureate nursing students and Masters nursing students were approached after a theory class to complete the research questionnaire. Results were recorded directly onto a computer SCANTRON sheet. Students were asked to complete the questionnaire at the end of a scheduled theory class period. Completion of the questionnaire took no more than fifteen minutes. Students were instructed both verbally and in writing that results would be anonymous, and interpreted as group data.

A cover letter (Appendix D) and a consent form (Appendix E) accompanied each questionnaire. The forms stated the purpose of the study, explained what was required of the participants and identified the investigator. Return of the questionnaire implied consent to participate in the research project. The completed questionnaires were returned either immediately after class or in the instructor's faculty mailbox.

Procedures for Treatment of the Data

Data analyses were conducted using the Statistical Package for Social Sciences (SPSS-X) to describe the characteristics of the sample. Frequency distributions and summary statistics were completed using the accepted .01 probability level of significance.

To determine which items in the questionnaire belonged on the same scale, a factor analysis was conducted using responses of the undergraduate generic students only (n-225). This was done purposively to eliminate conflicting differences in non-RN generic BSN student responses versus RN responses.

This analysis showed that those items belonged to six subscales: (1) degree of student nurse comfort in caring for AIDS patients, (2) concerns about rights of caregivers to refuse care of the AIDS patient, (3) perceived lack of AIDS patients' rights, (4) student nurses judgments of moral issues associated with AIDS, (5) possible risks of AIDS to health care givers, and (6), students perceived lack of educational preparation concerning AIDS care.

These scales and the items in each scale are shown in Table 1.

TABLE 1
FACTOR ANALYSES
Items, Loadings, and Scale Reliablities for Each Factor Derived from Undergraduate Nursing Student Sample

1. Discomfort of the Caregiver		2. Rights of the Caregiver		3. Lack of Patients' Rights		4. Moral Issues		5. Caregiver's Risks of Contracting AIDS		6. Perceived Lack of Curriculum Preparation	
Quest.#	Loading	Quest.#	Loading	Quest.#	Loading	Quest.#	Loading	Quest.#	Loading	Quest.#	Loading
12	.69	14	.76	17	.52	18	.55	23	.60	15	.63
13	.68	25	.79	26	.45	30	.40	24	.63	21	.57
16	.41	49	.48	33	.56	31	.55	38	.44	36	.75
19	.42	51	.67	34	.49	35	.41	39	.47	38	.45
20	.66	55	.77	43	.74	46	.71	42	.41	39	.54
21	.43			44	.43	47	.73	50	.52	41	.58
22	.65			45	.72						
28	.56										
37	.49										
40	.63										
52	.59										
α = .86	$\bar{r}$=.37	α=.80	$\bar{r}$=.45	α=.68	$\bar{r}$=.27	α=.68	$\bar{r}$=.26	α=.59	$\bar{r}$=.20	α=.71	$\bar{r}$=.29

(NOTE: N= 215 Undergraduate Nursing Students; α= Cronbach's alpha; $\bar{r}$=Mean inter-item correlation for the scale)

To estimate the internal consistency of the six subscales, reliability coefficients were calculated. These Cronbach alpha coefficients are also shown in Table 1.

F tests were done to demonstrate whether significant differences existed in semester levels of undergraduate generic, "bridge" RN/BSN students, and graduate RN students. Multiple regression analysis were also completed to answer some of the following research questions:

a. What are the attitudes and beliefs of baccalaureate undergraduate and graduate nursing students regarding issues involved in caring for AIDS patients?

b. Which level of students (Sophomores, Juniors, Seniors, or Graduate students) felt less comfortable caring for AIDS patients?

c. Do students who have completed the AIDS elective at SJSU have an increased sense of self-confidence regarding caring for AIDS clients?

d. Does the age level of nursing students affect their attitudes towards caring for AIDS patients?

e. Does personal contact or personal acquaintance of an AIDS patient affect the attitudes of student nurses?

Assumptions

It was assumed that the " Student Nurse Attitudes Towards Caring for AIDS Patients Questionnaire" (Synoground,1988) provided a reliable and valid measuring instrument, after revision. Although the topic is of extreme social sensitivity, it was hoped that students answered honestly, rather than what might be considered a socially acceptable response. There has been noted widespread publicity of AIDS and the relative high incidence of AIDS in Santa Clara County (Santa Clara County,CA - Vital Statistics, 1988). Because of this, it was felt that student nurses at SJSU would have developed some sort of opinion concerning student and patient rights, and attitudes toward the curriculum regarding AIDS care content. Lastly, there was the assumption that nurse educators must first identify the attitudes of student nurses before there can be an identification of areas of educational and curriculum gaps.

Limitations

It would be difficult to generalize the findings of this study to other settings. Attitudes of students at a state supported California institution of higher learning may not represent all student nurses.

Due to the social sensitivity of this topic, the possibility of individuals recording answers which they perceived as socially or professionally desirable is a distinct possibility (Barrick, 1988). Since this study focused entirely on attitudes, it is difficult to establish what role, if any, knowledge of AIDS and AIDS care played in the responses.

There is also a possibility of sampler bias. Those who did not participate in this study may have had attitudes quite different from those who did complete the survey. Although it was possible to compare attitudes of generic undergraduate nursing students with RN/BSN undergraduate students, there was no attempt made to compare their attitudes with those of college students in other disciplines.

RESULTS

Demographics

The total number of students completing the survey was 282. This return rate represents the following breakdown: 42 out of 92 enrolled as Masters' students (45.7%); 92 out of 156 Seniors (58.9%); 106 out of 150 Junior students (71%); 42 out of 140 declared themselves to be Sophomores (30%). Fifteen of those individuals included in the Senior respondents identified themselves as RN/BSN or "bridge" R.N.s The overall response rate for undergraduates was 240 out of 446, or 53.8%.

TABLE 2

Nursing Student Response Rate to the AIDS Attitude Questionnaire

GROUPS	*n*	Number Responding	Percentage
Total Undergraduates	446	240	53.8%
Sophomores	140	42	30.0%
Juniors	150	106	70.6%
Seniors (Generic & RN/BSN)	156	92	58.9%
Graduate Students	92	42	45.7%

Regarding age, the majority of undergraduates (46%) fell into the 23- to 28-year old range, while 57 % of the graduate students were greater than 37 years old. Forty-seven percent of the RN/BSN students listed 33-37 years as their age range. Forty percent of this group responded to being over 37 years. Table 3 lists the frequency responses for various age groups of different levels of student nurses, and Table 4 summarizes those responses as percentages.

TABLE 3

Frequency Responses for Various Age Groups

GROUPS	18-22	23-28	29-32	33-37	Greater than 37
Graduate Students	0	6	8	4	24
All Undergraduates	49	103	29	20	24
Sophomores	18	7	5	5	7
Juniors	21	56	13	10	7
Generic Seniors	10	40	12	5	10
RN/BSN Seniors	0	2	0	7	6

TABLE 4

Percentages of Responses for Various Age Groups

GROUPS	18-22	23-28	29-32	33-37	Greater than 37
Graduate Students	0	14%	19%	10%	57%
All Undergraduates	22%	46%	13%	9%	11%
Sophomores	43%	17%	12%	12%	17%
Juniors	20%	52%	12%	9%	7%
Generic Seniors	13%	52%	16%	6%	13%
RN/BSN	0%	13%	0%	47%	40%

When asked what the major source of HIV-related information was, 69% of graduate students identified areas outside of academia, such as a hospital or clinical work setting as the primary source. Forty-four percent of generic undergraduates identified the media as the main source of AIDS-related knowledge, with 26% identifying the SJSU nursing classes, excluding the AIDS elective, as the secondary data base (see Table 5).

TABLE 5

Information Sources of AIDS for Nursing Students

	Generic Undergraduates n- 225 *		Graduate Students n- 41 *	
SOURCE of INFORMATION	n	% Freq	n	% Freq
Media (ie.TV, Magazines, etc)	98	44%	6	14%
SJSU Nursing Classes	58	26%	3	7%
AIDS Nsg. Elective Class	25	11%	2	5%
Personal Acquaintances	6	3%	1	2%
Outside Academia, such as hospitals, or work setting	38	17%	29	69%

* This represents those who actually answered the questions. Several individuals omitted answering select questions.

Responses to the question of whether an individual had taken the AIDS elective offered at SJSU were completed by undergraduates only, since the course is not offered to graduate students. Of the total generic undergraduates responding, only 22, or 10% out of 207 students answered affirmatively. However, 16% of all undergraduates (n-225) stated that they had had a formal class on AIDS, either as an elective at SJSU or elsewhere. Interestingly, 71% of the graduate students denied ever having attended a formal class on caring for AIDS patients. Results of the responses regarding attendance at a formal class about AIDS are identified in Table 6, and the number of in-class hours attended is tallied in Table 7.

TABLE 6

Attendance at SJSU AIDS Nursing Elective Course Prior to Spring 1990

GROUPS	YES n	YES % Freq	NO n	NO % Freq
Generic Undergraduates	22	10%	185	82%

TABLE 7

Attendance at a Formal AIDS Class, Including the AIDS Elective at SJSU

GROUPS	YES n	YES % Freq	NO n	NO % Freq
Generic Undergraduates	37	16%	188	84%
Bridge RN/BSN Students	7	47%	8	53%
Graduate Students	12	29%	30	71%

TABLE 8

In-class Hours of Attendance at a Formal AIDS Class

	GENERIC UNDERGRAD STUDENTS (n-55)		GRADUATE STUDENTS (n-42)	
IN-CLASS ATTENDANCE	n	% Freq	n	% Freq
0 - 3 Hours	10	18%	4	10%
4 -10 Hours	19	35%	10	24%
11-15 Hours	0	0 %	1	2%
16-30 Hours	1	1%	1	2%
Over 30 Hours	25	46%	26	62%

Although few generic undergraduates stated they had cared for an AIDS patient in a student role (18%), a higher percentage cared for an AIDS patient in a non-student health care giver role (36%). In this study, 35% of the generic undergraduate Senior students (N-77) had cared for an AIDS patient, while in a student role. Only 12% of Junior students in this study (N-106) acknowledged having cared for an AIDS patient.

Over two-thirds of graduate nursing students at SJSU (N-42) stated they had cared for AIDS patients as a health-care giver outside of the student role. Fifty-five percent of the generic undergraduate Senior students and 31% of the Junior students also cared for these patients as health care givers, rather than as a nursing student (Table 9).

TABLE 9

SJSU Nursing Students' Reported Care-giving to AIDS Patients

QUESTION	Generic Undergrad Students n-222 *		RN/BSN Undergrads n-15		Graduate Students n-42	
	n	% Freq	n	% Freq	n	% Freq
1.Those who have cared for an AIDS pt. in a student role	40	18%	3	20%	4	10%
2. Those who haved cared for AIDS pts. as a health care giver outside of the student role	82	36%	12	80%	29**	69%

* Three students omitted this question.
** Two students omitted this question

Student Attitudes

Individual breakdown of year group responses to questions #12 - # 57 for generic undergraduates, RN/BSN undergraduates, and graduate students are summarized in Appendices F through H. Additionally, responses of the generic undergraduates are further broken down as follows: Seniors (Appendix I), Juniors (Appendix J), and Sophomores (Appendix K).

F tests were completed to compare overall attitudes of various levels of Undergraduate , RN/BSN, and Graduate students (Table 10). Using the scoring of 1- highly agree and 5- highly disagree, the mean squares was 1.259 (significant at the 0.001 level).

TABLE 10

Analysis of Variance by Group for the Overall Students Attitudes Towards Caring for AIDS Patients

SOURCE	D.F.	Sum of Squares	Mean Squares	F Ratio	Probability
Between Groups	4	5.02	1.25	4.50	.001
Within Groups	277	77.21	.278		

N- 282) Generic Undergraduates, RN/BSN, and Graduate students

The majority of generic undergraduates feel confident in their abilities to safely care for AIDS patients (question #41); 75% of the Seniors agreed with this statement. Only 4% of Senior undergraduates felt they could not provide support to families of AIDS patients (question #19).

Twelve percent of all generic undergraduates (N-225) agreed with the statement that they would refuse to care for an AIDS patient (question #28).

These data were similar for SJSU Masters and RN/BSN undergraduate students. The number of students responding in this study who would actually refuse care for an AIDS patient is relatively low. However, one-half of the generic undergraduates and 40% of the Masters students felt health care givers should be allowed to refuse assignment of an HIV-seropositive patient (question #25). Responses to question #14 regarding the right to refuse care to an AIDS patient in a student role also reinforce these findings.

Factors That Affect Student Nurse Attitudes

Another way to consider what influences student attitudes about AIDS is to examine factors about students themselves as predictors of the specific scales and the overall scale mean from the attitude questions. In considering the overall mean score, student group (undergraduate, graduate, or bridge RN/BSN), age group (Q #11), having had a class in AIDS (Q #3), having taken the AIDS elective(Q #5), having cared for an AIDS patient as a student (Q #7), knowing someone with AIDS (Q #56), and the ambition to work with someone with AIDS (Q #10) were used as predictors in a regression equation. Those variables with more predictive power (or more "pro-patient" attitudes) were: having cared for patients with AIDS as a student or otherwise, having taken the AIDS class, knowing someone with AIDS and those students in a younger age group. Overall, these predictors accounted for 15% of the variance in attitudes.

To discover whether taking the AIDS elective also influenced overall attitudes about AIDS patients, this variable (Q #5) was added as a predictor. In this case, only data from the undergraduate population were used because they were the only ones taking the elective class. This demonstrated that having had a class about AIDS (but not the elective), being younger, having cared for AIDS patients as a student, and knowing someone with AIDS contributed to more "pro-patient" attitudes.

Attitudes Toward Curriculum Preparation

Questions that showed overwhelming agreement focused on curriculum issues (Table 11). Eighty percent of generic undergraduates agreed or highly agreed with the statement #38: " this SJSU curriculum should have greater emphasis on' teaching' clients with AIDS." These results were similar with responses to #39: " this SJSU curriculum should have greater emphasis on 'how to care for' a patient with AIDS." However, responses were more widely varied among undergraduates answering question#36. Only 39% either disagreed or highly disagreed with the statement, " I feel that I have enough knowledge and facts about AIDS to communicate effectively with family, friends and newly diagnosed AIDS patients." Similarly, 48% of the generic undergraduates felt adequately prepared to care for an AIDS patient (question #15). A further class breakdown of the responses revealed 72% of Seniors, 36% of Juniors, and 34% of Sophomores either agreed or highly agreed with that statement.

TABLE 11

Responses to SJSU Curriculum Preparation about AIDS

	GENERIC STUDENTS n- 225*		BRIDGE RN/BSN STUDENTS n-15*		GRADUATE STUDENTS n-42*	
ATTITUDE **	Agree	Disagree	Agree	Disagree	Agree	Disagree
15. My nursing education has prepared me to care for AIDS pts.	48%	38%	66%	13%	55%	10%
38. This SJSU curriculum should have greater emphasis on "teaching" clients with AIDS.	80%	7%	40%	20%	29%	12%
39. The SJSU curriculum should have more emphasis on"how to care for" a pt. with AIDS.	79%	9%	60%	20%	43%	12%

* Those responses not identified answered "unsure" or omitted this question.

** Responses labeled "highly agree" or "slightly agree" were grouped as "agree", and similarly, those reponses of "highly disagree" or "slightly disagree" were grouped as "disagree".

Overall Inter-relatedness of AIDS Attitude Subscales

Pearson correlations were completed to compare how different dimensions of the six identified subscales tended to relate to one another. The correlations among the subscales are shown in Table 12.

TABLE 11
Subscale Correlations Among Student Nurse AttitudesTowards AIDS CARE

SUBSCALE	Discomfort of the Caregiver	Rights of the Caregiver	Lack of Patients' Rights	Moral Issues	Caregiver's Risks of Contracting AIDS	Perceived Lack of Curriculum Preparation
Rights of the Caregivers	.43***					
Lack of Patients' Rights	.50***	.34***				
Moral Issues	.40***	.18***	36***			
Caregivers' Risk of Contracting AIDS	.41***	.48***	.36***	.14*		
Perceived Lack of Curriculum Preparation	.45***	.26***	.17 **	.02	.55***	
Group Loading	.13	.19***	.08	-.14**	.35***	.39***

(NOTE: N= 282 ; Represents Total Undergraduate & Graduates) ***p <.001 ** p < .01 * p < .05

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

Student Attitudes

Results of this study demonstrate interesting findings. Cassells and Redman (1989) noted approximately 31% of 427 generic undergraduates had cared for AIDS patients prior to graduation. The number of generic undergraduate Senior students at SJSU who have cared for AIDS patients is similar. Since Santa Clara County has a fairly high incidence of AIDS, it is not surprising that these student nurses have cared for AIDS patients, either as a student or as a health care giver.

Data generated in this study are similar to those reported by Synoground (1988) in regard to student' comfort level and supportiveness of patients' rights. Results of SJSU's generic undergraduates, RN/BSN, and Graduate students represent dramatically lower numbers of refusals to care for AIDS patients as compared to respondents in Wiley's study (1988) and those of Lester and Beard (1988). Earlier studies of registered nurses' attitudes also reflected a much higher refusal rate (Van Servellan et. al., 1988, Blumenfeld et. al., 1987).

Responses indicating fear of AIDS and homophobia by SJSU students are considerably lower at SJSU than those reported by Byrne (1990). In Byrne's study, 39 freshmen and 105 senior nursing students admitted to a high level of fear towards caring for AIDS patients. However, senior students had lower reports of homophobia than did freshmen.

There are several possible explanations for the findings in this SJSU study. Individuals in California have historically been noted to have fairly liberal attitudes. Increased exposure to AIDS patients, especially in work settings outside of the student role, may help these future nurses to recognize a societal need for someone to care for AIDS patients. Perhaps these student nurses feel a moral obligation not to refuse an AIDS patient assignment.

Correlations Among Subscales

The correlations among the subscales tended to be very high (Table 11). This could be because one dimension could underlie all of the attitude items. However, comparison of the relative size of the reliable correlations is illustrative. The discomfort of the student in caring for AIDS patients scale was most highly correlated with all other scales, reflecting its position as the prominent contents of the scale and underlying the single-factor solution. That is, those that felt more uncomfortable caring for AIDS patients were also stronger proponents of caregivers' rights not to treat AIDS patients, stronger proponents of restricting patients' rights, judged moral issues more harshly, believed there was higher risk to health care givers while supporting actions to reduce that risk for themselves, and judged themselves to be less well-prepared and less educated to care for AIDS patients. In considering the impact on self-assessed educational preparation, there was a very strong correlation ($r=.55$) that those who felt least prepared believed there was the most risk to caregivers, due to AIDS.

Curriculum Preparation

Students had mixed responses regarding the items that focused on curriculum preparation (#15, #21, #38 and #39). Similar to responses noted by Synoground (1988), well over half of the generic undergraduate students at SJSU felt inadequate knowledge preparation for caring for HIV positive clients. It is encouraging to note that as students progress through the curriculum, they feel better prepared to care for AIDS patients. In response to question #15, approximately 1/3 of Sophomores and 1/3 of Juniors agreed with the statement that their nursing education had prepared them to care for AIDS patients, while 72% of the generic undergraduate Seniors agreed. These results are in spite of the fact that only 10% of the sample of generic undergraduates had taken the elective AIDS course. An area that students showed remarkable agreement was a need for more curriculum preparation (questions #38 and #39). Over eighty percent of the generic undergraduates agreed on both questions. These data seem to address Hurley and McGriff's (1989c) suggestions for improved curriculum content.

Another interesting finding involves the 42 graduate respondents. Seventy-one percent admitted they had never had a formal class on AIDS care, yet 69% of the MSN students stated they had actually cared for AIDS patients. Although there may have been a misinterpretation of the question about attendance at a formal class, it does lead one to question whether there are inservices on care of AIDS patients where staff RNs are employed. When asked about their major source of information, over two-thirds of the graduate students did state they received most of their information outside of academia, in the workplace. Perhaps they viewed the gathering of information to be "informal" among colleagues and peers. This finding also has implications for SJSU Graduate faculty in planning curriculum revisions.

Student Response

The overall response rate for undergraduate nursing students was 53.8%, while the response rate for graduate students was 45.7%. The data were collected rather late in the semester, when students often perceive they have little time to do anything other than assigned tasks and prepare for final exams. The return for the Sophomore students was particularly low. Because of difficulty with the researcher attending the theory class, the data were collected from Sophomores on a group advisement day that was prescheduled in late April to allow students to sign up for classes the following semester. Looking retrospectively, asking beginning students to fill out a research questionnaire at a time when anxiety levels were particularly high was not conducive to a high return rate.

No attempt was made to have students identify their gender, because of the relative small numbers of male students in the program. This was purposively done to ensure annonymity and increase student return of completed questionnaires. Similarly, no attempts were made to identify students' ethnic or religious backgrounds.

Implications

The available data suggest that many students perceive inadequacies regarding their academic preparation to care for HIV positive patients and their significant others. With the projected increase in AIDS cases, it is assumed student nurses will be expected to demonstrate competancies related to AIDS patient care.

The logical followup to this study would be a systematic identification of not only the didactic content of the SJSU curriculum that focuses on AIDS, but also the affective components of AIDS care. Since the present curriculum is being updated, the inclusion of AIDS content needs to be closely analyzed and evaluated as the curriculum revision takes place. This analysis needs to be on the graduate level as well as the undergraduate level; results of this study indicated gaps in the formal AIDS content at that level as well. The focus of the Graduate program is on nursing in the community, thus it seems highly desirable to prepare clinical specialists, administrators, and educators to adequately address this modern day health-care epidemic.

Relatively few studies have attempted to compare attitudes of graduate, undergraduate, and RN/BSN nursing students. However, a large number of institutions of higher education in nursing provide educational programs for all three diverse student groups. Once a definite data base regarding attitudes is identified, strategic planning can begin to occur, incorporating aspects of the political, legal and economic arenas. Additionally, data from this study could be utilized to develop policies and guidelines for assigning students to HIV positive clients in the clinical setting.

It was revealing to find that approximately ten percent of of the graduate, generic undergraduate, and RN/BSN students would refuse to care for an AIDS patient. Over half of the generic undergraduates felt health care workers should be allowed to refuse assignment of an HIV positive client. Fifteen percent of generic undergraduates and thirteen percent of the RN/BSN students felt that other patients on the same inpatient hospital unit should know if a patient on that unit has AIDS. These data imply there is a need in the SJSU curriculum to discuss the indepth ethical-legal considerations inherent in caring for AIDS patients.

The National League for Nursing has outlined specific guidelines for Schools of Nursing to address the AIDS issue (1988). Included in these recommendations is a charge to provide education and counseling for students who are apprehensive about caring for persons with AIDS. Data generated from this study echo this need. Presently no formal mechanism exists at SJSU to provide such a counseling service within the nursing department. Even informal mechanisms, such as clinical conferences were reported by students to be almost nonexistent (Question # 11).

Results of this study need to be shared with the nursing faculty at SJSU in hopes that an increased awareness of student concerns will provide an impetus to assist students to deal with their fears and prejudices openly.

Recommendations

Based on the findings presented in this study, it is recommended that:

1. A followup study focusing on the concerns and attitudes of nursing faculty toward assigning students to HIV positive patients be completed.

2. Data from this study be used in the upcoming curriculum revision scheduled to begin Fall 1990 in the nursing department.

3. A long term study be completed to compare attitudes of beginning nursing students with the attitudes of those same subjects at the end of their nursing program. Similarly, followup studies of graduates of the program would be beneficial to see if there is a change in attitude once they have had increased exposure to caring for AIDS patients.

4. There is a need for a geographic cross-sectional survey of nursing students at all levels to find whether any correlations exist in relation to attitudes.

5. A large followup study be completed focusing on comparison of knowledge to attitudes of both undergraduate and graduate nursing students.

6. An open-ended attitude questionnaire, or interview be be used to assess exactly what students' fears and concerns are.

As stated by Herrick and Smith (1989: 35) "the AIDS situation highlights the precarious balance between individual rights and the public welfare, patients' rights, and the rights of nurses and their professional obligations." As future health care providers, nursing students need to have the tools to prepare themselves to meet this nursing challenge. Hopefully, results of this study will assist nurse educators in helping students to meet that goal.

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APPENDICES

APPENDIX A

Student Nurse Attitudes Towards Caring for AIDS Patients Questionnaire

AIDS QUESTIONNAIRE
Student Demographic Data

Directions: On the computer SCANTRON sheet blacken the letter which most closely matches your personal resonse. **No names please.**

1. Student status
   a. Undergraduate - Generic Program
   b. RN - Bridge Program
   c. Masters Program

2. Semester in which enrolled, this Spring'90 Semester?

   a. Sem. 3 b. Sem.4 c. Sem. 5 or Sem. 6

   d. Sem.7 or Sem.8 e. Master's

3. Have you had a formal class on caring for AIDS patients,prior to this semester either as an elective, at SJSU, or elsewhere?
   a. ____Yes
   b. ____No

4. (Skip this if you answered No to #3.)
   If you answered "yes" to #3., how many total in-class hours were in the AIDS class?
   a. 0-3 Hrs. b. 4-10 hrs. c. 5-15 hrs. d. 16-30 hrs. e. >than 30 hrs.

5. Did you take the AIDS elective at SJSU prior to Spring'90 semester?
   a. ____yes
   b. ____No

6. I have cared for an AIDS patient **in a student role** at SJSU a.____Yes
   b____No

7. I have cared for an AIDS patient as a healthcare- giver, **outside** of the student nurse role.
   a____Yes
   b____No

8. Most of my present knowledge base about AIDS & how the disease is transmitted is from (Please choose only one response):

   ____a. Media (ie. TV, newspapers, miscellaneous magazines)
   ____b. SJSU Nursing classes (excluding an AIDS elective)
   ____c. Nursing elective about AIDS
   ____d. Personal acquaintances/Social Contacts
   ____e. Outside of academia, such as a hospital or clinical work setting

9. I have attended a clinical postconference or graduate seminar this past year (Spring'89- Fall'89) at SJSU, that focused on AIDS.
   a. ____Yes
   b____No
   c____Not applicable, if Semester 3 now

10. Someday I would like to be **employed** as a graduate RN working with AIDS clients.
    a. ______Yes
    b. ______No
    c. ______Undecided

11. Your Age Group: a. 18-22 b. 23-28 c. 29-32 d. 33-37 e. > than 37

AIDS ATTITUDE QUESTIONNAIRE ***

Directions: Please blacken the response on your SCANTRON that best reflects your attitude towards each of the following statements. There are no right or wrong answers.

CODE for SCANTRON : (a) Highly Agree
(b) Slightly Agree
(c) Unsure
(d) Slightly Disagree
(e) Highly Disagree

12. The possibility of taking care of a patient with AIDS makes me uncomfortable.

13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.

14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.

15. My nursing education has prepared me to care for a patient with AIDS.

16. A patient with AIDS has the right to confidentiality about his/her diagnosis.

17. The quality of care I give to an AIDS patient would be less than I would give for other patients.

18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.

19. I could provide support to the family of an AIDS patient.

20. I am comfortable with touching an AIDS patient.

21. I feel adequately prepared to work with families of AIDS patients.

22. I would be upset if I was assigned to a patient with AIDS.

23. All hospitalized patients should be required to have an HIV Antibody test on admission.

24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.

25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.

26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.

27. The extra precautions needed to care for an AIDS patient would frustrate me.

28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor

29. I would care for a patient with AIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee (ie. RN,Nursing assistant, etc.)

30. I would be upset with a woman who knew she was HIV positive and became pregnant.

31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards one who has contracted AIDS from sexual activity or use of drugs.

32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.

33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.

34. AIDS patients should be placed on an acute care setting.

35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.

36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family , friends, and newly diagnosed AIDS patients.

37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.

38. This SJSU nursing curriculum should have greater emphasis on " teaching" clients with AIDS.

39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.

40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.

41. I am confident with my ability to safely care for AIDS patients.

42. Practicing RNs who are required to care for patients with AIDS should be paid more.

43. AIDS patients have a right to die with dignity.

44. AIDS patients have a right to choose unorthodox treatments for their illness.

45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.

46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).

47. I believe costs should not be a consideration in the care available to AIDS clients.

48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.

49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.

50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.

51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.

52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.

53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.

54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.

55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.

56. I have personally known someone diagnosed with AIDS.

57. If you answered AGREE (a) for #56, please answer #57 (If You disagreed with #56, Omit this ?)...
---- My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.

*** This questionnaire was originally developed by Gail Synoground , RN, MSN in 1988 and has been adapted with permission by Sue Malloy,RN,MSN , Jan.1990

APPENDIX B

Permission by G.Synoground to Use AIDS Student Attitude Questionnaire

Eastern Washington University
Whitworth College
Washington State University

INTERCOLLEGIATE CENTER
FOR NURSING EDUCATION

W. 2917 Fort George Wright Drive
Spokane, Washington 99204-5291
Telephone Number (509) 326-7270
FAX: (509) 325-6173

MEMORANDUM

TO: Sue Malloy

FROM: Gail Synoground

DATE: Jan. 19, 1990

Greetings:

Your project sounds wonderful. I have enclosed what material I could find. I hope it helps.

You have my permission to use my survey tool and/or to modify it.

Good luck on your project.

/lj

APPENDIX C

SJSU Human Subject's Committee Permission

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

Office of the Academic Vice President • *Associate Academic Vice President* • *Graduate Studies and Research*
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Suzanne E. Malloy, Nursing

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: March 19, 1990

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"A Study of Nursing Students' Attitudes Towards Caring for AIDS Patients"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc:

APPENDIX D

Cover Letter to SJSU Students Regarding Participation in Study

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

School of the Applied Arts and Sciences • ***Department of Nursing***
One Washington Square • San José, California 95192-0057 • 408/924-3130

1 March 1990

Dear SJSU Nursing Student,

As a nurse, one of the roles you may be assuming will be that of caring for AIDS patients. To help the faculty to plan curriculum content, it is necessary for nurse educators to understand your attitudes and concerns. Presently, that information is not available.

I am asking you to take about 10-15 minutes and complete the attached questionnaire,which has been designed and adapted to elicit this information. Participation in this study involves no risk on your part. All responses will be kept anonymous, and data will be handled confidentially. The computer scantron sheet (attached) is coded with an I.D. number only for purposes of entering data into the computer.

Your cooperation is greatly appreciated. If you choose not to participate, simply return the questionnaire. Thankyou for your time and valuable input.

Sincerely,

Suzanne E. Malloy

Suzanne Malloy, SJSU Nursing Faculty
(phone #) 924-3142

APPENDIX E

AIDS Study Consent Form

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

School of the Applied Arts and Sciences • [illegible]
One Washington Square • San José, California 95192-0057 • 408/924-3130

Informed Consent Form

Title of Investigation: A Study of the Attitudes of Nursing Students Towards Caring for AIDS Patients
Investigator: Suzanne Malloy, Assistant Professor, SJSU

This is to certify that I agree to participate in this study under the supervision of Suzanne Malloy.

The purpose of this study is to survey a group of nursing students at San Jose State University concerning their attitudes towards caring for AIDS patients.

Procedure: If you consent to participate in this study, you are asked to take approximately 10-15 minutes to complete the attached questionnaire. The questionnaire contains items pertaining to caring for AIDS patients. There are also questions pertaining to demographic data.

There is no way to identify you from the questionnaire, since each individual will complete a computer Scantron sheet with the desired responses. All information is confidential. Results will be reported for the group and not for individuals. If results are published, they will be published as "group data".

Risks & Benefits: There are no potential risks to you as an individual. Information from this study may help identify ways to improve the curriculum in the area of AIDS content and ethical issues related to AIDS. The results will in no way effect your grades or status in the school, nor will failure to participate in this study.

You are free to deny answers to any or all questions in the questionnaire. You may withdraw from the study at any time without predjudice to your relations to San Jose State University.

After the study is completed, you may receive a copy of the group data results from the investigator, upon written request.

You will be given the opportunity to ask whatever questions you may have had and such questions will be answered to your satisfaction.

If you have additional questions, call Sue Malloy at 924-3142, or the Department chairperson(Dr. V. Parsons) at 924- 3132. For questions or complaints about the research subjects' rights, or in the event of a research-related injury, contact Serena Sanford, Ph.D. (AAVP for Graduate Studies & Research) at 924-2480.

Your consent is considered to be voluntary (and without being coerced) by completion of the attached questionnaire. Completion of the questionnaire implies that you do agree to participate in this study. Those desiring not to complete the questionnaire, should return the blank form to the investigator.

APPENDIX F

Generic Undergraduate Responses to AIDS Questionnaire

AIDS STUDENT ATTITUDE QUESTIONNAIRE
SJSU GENERIC UNDERGRADUATE REPLIES
Spring 1990
(n = 225) *

	YES		NO	
Question	n	%	n	%
#3 Have you had a formal class on AIDS, either as elective or elsewhere?	37	16%	188	84%

#4 If you answered "yes" to #3, how many total in-class hours were in the AIDS class?

	0-3 hrs	4-10 hrs	11-15 hrs	16-30 hrs	> 30 hrs
Frequencies	10	19	0	1	25
% Freq	18%	34%	0%	1%	45%

	YES		NO	
	n	%	n	%
#5 Did you take an AIDS elective prior to Spr'90?	22	10%	185	82%
#6 I have cared for an AIDS pt. in a student role...	40	18%	182	81%
#7 I have cared for an AIDS pt. as a health care giver, outside of the student role....	82	36%	140	62%
#9 I have attended a clinical post-conference or graduate seminar this past year (Spr'89/Fall'89) at SJSU, that focused on AIDS.	17	8%	190	84%
#10 Someday I would like to be employed as a graduate RN working with AIDS clients.	33	15%	97	43%

* Some Questions Were Omitted by Students or Students Marked "Unsure"

AIDS QUESTIONNAIRE
SJSU GENERIC UNDERGRADUATE STUDENT DATA
Spring 1990
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	105	46	95	43	25	11
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	92	41	58	26	75	33
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	127	56	47	21	50	22
15. My nursing education has prepared me to care for a patient with AIDS.	108	48	87	38	30	13
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	124	55	82	37	18	8
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	7	3	208	93	10	4
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	139	62	56	25	30	13
19. I could provide support to the family of an AIDS patient.	185	82	9	4	31	14

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
20. I am comfortable with touching an AIDS patient.	165	74	19	8	40	18
21. I feel adequately prepared to work with families of AIDS patients.	81	36	81	36	63	28
22. I would be upset if I was assigned to a patient with AIDS.	36	16	142	63	47	21
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	93	42	75	33	57	25
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	186	83	16	7	23	10
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	115	51	70	31	40	18
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	24	10	162	72	39	17
27. The extra precautions needed to care for an AIDS patient would frustrate me.	37	17	158	70	30	13

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	27	12	163	72	35	16
29. I would care for a patient with AIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee (i.e. RN,Nursing assistant, etc.)	167	74	28	12	28	12
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	139	62	42	18	43	19
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards one who has contracted AIDS from sexual activity or use of drugs.	112	50	85	38	21	9
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	119	52	46	20	60	27
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	35	15	159	71	30	13

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	54	24	129	57	42	19
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	43	19	163	73	19	8
36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family , friends, and newly diagnosed AIDS patients.	102	45	88	39	35	16
37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	70	31	94	41	61	27
38. This SJSU nursing curriculum should have greater emphasis on " teaching" clients with AIDS.	179	80	17	7	29	13
39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.	183	81	20	9	21	9
40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.	125	56	76	33	23	10

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
41. I am confident with my ability to safely care for AIDS patients.	125	56	46	20	53	24
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	75	33	101	45	48	21
43. AIDS patients have a right to die with dignity.	219	97	3	1	2	1
44. AIDS patients have a right to choose unorthodox treatments for their illness.	180	80	8	3	36	16
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	209	92	2	1	13	6
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	116	52	48	21	60	27
47. I believe costs should not be a consideration in the care available to AIDS clients.	115	51	62	28	47	21

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	61	27	128	57	35	16
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	29	13	171	76	24	11
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	167	74	39	18	18	8
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	159	71	36	16	27	12
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	42	18	129	57	49	22
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	160	71	53	23	9	4

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

SJSU GENERIC Undergraduate Student Data
(n = 225) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	33	14	141	63	47	21
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	135	60	47	21	40	18
56. I have personally known someone diagnosed with AIDS.	67	30	140	62	15	7
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	43	62 **	17	25 **	9	13 **

** The total n = 69 for Question #57 only

*** This questionnaire was originally developed by Gail Synoground , RN, MSN in 1988 and has been adapted with permission by Sue Malloy,RN,MSN , Jan.1990

* Some students omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree = DISAGREE

APPENDIX G

RN/BSN " Bridge" Undergraduate Responses to AIDS Questionnaire

AIDS STUDENT ATTITUDE QUESTIONNAIRE
SJSU UNDERGRADUATE RN/BSN REPLIES
SPRING 1990
(n =15) *

	YES		NO	
Question	n	%	n	%
#3 Have you had a formal class on AIDS, either as elective or elsewhere?	7	47%	8	53%

#4 If you answered "yes" to #3, how many total in-class hours were in the AIDS class?

	0-3 hrs	4-10 hrs	11-15 hrs	16-30 hrs	> 30 hrs
Frequencies	2	2	1	0	1
% Freq	33%	33%	17%	0%	17%

	YES		NO	
	n	%	n	%
#5 Did you take an AIDS elective prior to Spr'90?	0	0%	15	100%
#6 I have cared for an AIDS pt. in a student role...	3	20%	12	80%
#7 I have cared for an AIDS pt. as a health care giver, outside of the student role....	12	80%	3	20%
#9 I have attended a clinical post-conference or graduate seminar this past year (Spr'89/Fall'89) at SJSU, that focused on AIDS.	1	7%	14	93%
#10 Someday I would like to be employed as a graduate RN working with AIDS clients.	1	7%	8	53%

* Some Questions Were Omitted by Students or Students Answered " Unsure"

AIDS QUESTIONNAIRE

SJSU RN/BSN Undergraduate Student Data

Spring 1990

(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	7	47	8	53	0	0
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	9	60	4	26	2	13
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	7	46	4	27	4	27
15. My nursing education has prepared me to care for a patient with AIDS.	10	66	3	20	2	13
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	8	53	6	40	1	7
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	1	7	14	93	0	0
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	12	80	1	7	2	13
19. I could provide support to the family of an AIDS patient.	15	100	0	0	0	0
20. I am comfortable with touching an AIDS patient.	12	80	2	13	1	7

*Some students have omitted select questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU RN/BSN Undergraduate Student Data
(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
21. I feel adequately prepared to work with families of AIDS patients.	9	60	4	26	2	13
22. I would be upset if I was assigned to a patient with AIDS.	4	26	10	67	1	7
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	3	20	10	67	2	13
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	12	80	2	13	1	7
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	3	20	9	60	3	20
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	3	20	12	80	0	0
27. The extra precautions needed to care for an AIDS patient would frustrate me.	5	33	9	60	1	7
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	1	7	11	73	3	20
29. I would care for a patient withAIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee (ie. RN,Nursing assistant, etc.)	13	86	1	7	1	7

* Some students have omitted select questions.

CODE: (1) Highly Agree & (2) Slightly Agree
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree

SJSU RN/BSN Undergraduate Student Data
(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	11	73	3	20	1	7
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards one who has contracted AIDS from sexual activity or use of drugs.	8	53	7	47	0	0
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	12	80	1	7	2	13
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	2	13	11	74	2	13
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	5	33	8	54	2	13
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	5	33	8	54	2	13
36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family , friends, and newly diagnosed AIDS patients.	10	66	2	14	3	20

* Some students have omitted select questions.

CODE: (1) Highly Agree & (2) Slightly Agree
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree

SJSU RN/BSN Undergraduate Student Data

(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	6	40	6	40	3	20
38. This SJSU nursing curriculum should have greater emphasis on " teaching" clients with AIDS.	6	40	3	20	6	40
39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.	9	60	3	20	3	20
40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.	7	47	6	40	2	13
41. I am confident with my ability to safely care for AIDS patients.	10	66	1	7	4	27
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	6	40	8	53	1	7
43. AIDS patients have a right to die with dignity.	15	100	0	0	0	0
44. AIDS patients have a right to choose unorthodox treatments for their illness.	14	93	0	0	1	7
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	14	93	0	0	1	7

* Some students have omitted select questions.

CODE: (1) Highly Agree & (2) Slightly Agree
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree

SJSU RN/BSN Undergraduate Student Data
(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	6	40	4	26	5	33
47. I believe costs should not be a consideration in the care available to AIDS clients.	7	46	3	20	5	33
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	4	27	7	46	4	27
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	1	7	12	80	2	13
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	14	93	0	0	1	7
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	6	40	4	27	5	33
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	4	27	9	60	2	13
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	10	66	4	27	1	7

* Some students have omitted select questions.

CODE: (1) Highly Agree & (2) Slightly Agree
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree

SJSU RN/BSN Undergraduate Student Data
(n=15)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	1	7	13	86	1	7
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	7	46	4	27	4	27
56. I have personally known someone diagnosed with AIDS.	7	46	5	33	2	13
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	5	71 **	2	29 **	0	0

** The total n = 7 for Question #57 only

*** This questionnaire was originally developed by Gail Synoground , RN, MSN in 1988 and has been adapted with permission by Sue Malloy,RN,MSN , Jan.1990

* Some students have omitted select questions.

CODE: (1) Highly Agree & (2) Slightly Agree
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree

APPENDIX H

Masters Nursing Student Responses to AIDS Questionnaire

AIDS STUDENT ATTITUDE QUESTIONNAIRE
SJSU GRADUATE STUDENT REPLIES

SPRING 1990
(n= 42) *

	YES		NO	
Question	n	%	n	%
#3 Have you had a formal class on AIDS, either as elective or elsewhere?	12	29%	30	71%

#4 If you answered "yes" to #3, how many total in-class hours were in the AIDS class?

	0-3 hrs	4-10 hrs	11-15 hrs	16-30 hrs	> 30 hrs
Frequencies	4	10	1	1	26
% Freq	10%	24%	2%	2%	62%

	YES		NO	
	n	%	n	%
#5 Did you take an AIDS elective prior to Spr'90?	1	2%	39	93%
#6 I have cared for an AIDS pt. in a student role...	4	10%	38	90%
#7 I have cared for an AIDS pt. as a health care giver, outside of the student role....	29	69%	11	26%
#9 I have attended a clinical post conference or graduate seminar this past year (Spr'89/Fall'89) at SJSU, that focused on AIDS.	2	5%	39	93%
#10 Someday I would like to be employed as a graduate RN working with AIDS clients.	6	14%	31	74%

* Some Questions Were Omitted by Students or Students Answered " Unsure "

AIDS QUESTIONNAIRE

SJSU GRADUATE Student Data
Spring 1990
(n=42) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	22	52	18	43	2	5
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	15	36	18	43	9	21
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	19	46	10	24	12	29
15. My nursing education has prepared me to care for a patient with AIDS.	23	55	15	35	4	10
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	29	69	11	27	1	2
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	3	7	38	90	1	2
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	27	64	12	28	3	7
19. I could provide support to the family of an AIDS patient.	39	92	1	2	2	5
20. I am comfortable with touching an AIDS patient.	37	88	4	10	1	2
21. I feel adequately prepared to work with families of AIDS patients.	27	64	12	29	3	7

* Some students omitted select questions

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Graduate Student Responses
(n=42) *

QUESTIONS	Agree		Disagree		Unsure	
	N	%	N	%	N	%
22. I would be upset if I was assigned to a patient with AIDS.	10	24	23	55	9	21
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	14	33	21	50	7	17
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	24	58	11	26	6	14
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	17	40	17	40	8	19
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	7	17	26	62	9	21
27. The extra precautions needed to care for an AIDS patient would frustrate me.	11	26	28	67	3	7
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	4	9	34	81	4	9
29. I would care for a patient with AIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee (ie. RN,Nursing assistant, etc.)	29	69	8	19	5	12
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	28	66	8	19	5	12

* Some questions were omitted by students

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Graduate Student Responses

(n=42) *

QUESTIONS	Agree		Disagree		Unsure	
	N	%	N	%	N	%
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards one who has contracted AIDS from sexual activity or use of drugs.	19	45	16	38	2	5
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	28	66	7	17	7	17
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	3	7	35	84	4	10
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	11	26	21	50	10	24
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	14	33	23	55	4	10
36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family, friends, and newly diagnosed AIDS patients.	24	57	13	31	5	12
37. If I were a patient, I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	8	20	25	60	9	21

* Some questions were omitted by students

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Graduate Student Responses
(n=42) *

QUESTIONS	Agree		Disagree		Unsure	
	N	%	N	%	N	%
38. This SJSU nursing curriculum should have greater emphasis on " teaching" clients with AIDS.	12	29	5	12	23	55
39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.	18	43	5	12	17	40
40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.	25	59	13	31	4	10
41. I am confident with my ability to safely care for AIDS patients.	27	64	9	22	5	12
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	14	34	17	40	11	26
43. AIDS patients have a right to die with dignity.	40	95	1	2	0	0
44. AIDS patients have a right to choose unorthodox treatments for their illness.	37	88	3	7	1	2
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	38	91	3	7	0	0

* Some questions were omitted by students

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Graduate Student Responses
(n=42) *

QUESTIONS	Agree		Disagree		Unsure	
	N	%	N	%	N	%
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	15	35	18	43	8	19
47. I believe costs should not be a consideration in the care available to AIDS clients.	18	43	18	43	5	12
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	15	36	19	45	7	17
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	1	2	30	71	9	21
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	36	86	5	12	0	0
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	22	52	11	27	9	21
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	12	29	20	47	10	24
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	30	71	9	22	3	7

* Some questions were omitted by students

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Graduate Student Responses
(n=42) *

QUESTIONS	Agree		Disagree		Unsure	
	N	%	N	%	N	%
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	4	10	31	74	7	16
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	25	59	8	19	9	21
56. I have personally known someone diagnosed with AIDS.	28	67	13	31	0	0
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	10	36 **	13	46 **	5	18 **

** The total n = 28 on Question #57 only

*** This questionnaire was originally developed by Gail Synoground , RN, MSN in 1988 and has been adapted with permission by Sue Malloy,RN,MSN , Jan.1990

* Some questions were omitted by students

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

APPENDIX I

Senior Undergraduate Responses to AIDS Questionnaire

AIDS QUESTIONNAIRE
Senior Generic Undergraduate Student Data
Spring 1990
(n = 77) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	26	34	42	54	9	12
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	38	49	21	28	18	23
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	34	44	27	35	16	21
15. My nursing education has prepared me to care for a patient with AIDS.	55	72	18	23	4	5
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	45	59	27	35	5	6
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	2	2	72	93	2	3
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	42	54	22	29	13	17
19. I could provide support to the family of an AIDS patient.	62	80	3	4	12	16
20. I am comfortable with touching an AIDS patient.	62	81	7	9	6	8

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data (n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
21. I feel adequately prepared to work with families of AIDS patients.	39	50	16	21	21	27
22. I would be upset if I was assigned to a patient with AIDS.	11	14	56	73	9	12
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	28	37	33	43	15	19
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	66	86	6	8	4	5
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	32	41	35	45	9	12
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	11	14	58	76	8	10
27. The extra precautions needed to care for an AIDS patient would frustrate me.	10	13	61	77	6	8
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	8	10	67	87	1	1

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data
(n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
29. I would care for a patient withAIDS if hospital or agency policy dictates that I must care for him/her, In my role as an employee (ie. RN,Nursing assistant, etc.)	66	86	9	12	1	1
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	48	62	12	15	16	21
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards one who has contracted AIDS from sexual activity or use of drugs.	38	49	29	38	5	6
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	43	55	17	22	16	21
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	9	12	60	78	7	9
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	13	16	53	69	10	13
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	17	22	53	69	7	9

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data
(n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
44. AIDS patients have a right to choose unorthodox treatments for their illness.	59	76	4	5	13	17
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	72	93	1	1	3	4
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	38	50	18	24	20	26
47. I believe costs should not be a consideration in the care available to AIDS clients.	37	48	24	31	15	19
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	17	22	50	65	9	12
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	7	9	64	83	5	6
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	61	80	12	15	3	4

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data
(n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
44. AIDS patients have a right to choose unorthodox treatments for their illness.	59	76	4	5	13	17
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	72	93	1	1	3	4
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	38	50	18	24	20	26
47. I believe costs should not be a consideration in the care available to AIDS clients.	37	48	24	31	15	19
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	17	22	50	65	9	12
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	7	9	64	83	5	6
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	61	80	12	15	3	4

* Some students have omitted select questions.
Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data
(n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	48	63	18	23	9	12
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	10	12	52	67	12	16
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	56	72	17	22	2	3
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	11	14	49	64	14	18
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	37	48	21	27	17	22
56. I have personally known someone diagnosed with AIDS.	25	32	46	60	4	5

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

SJSU Generic Undergraduate SENIOR Student Data
(n=77)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	17	65 **	8	31 **	1	4 **

** The total n=26 for Question #57 only

*** This questionnaire was originally developed by Gail Synoground , RN, MSN in 1988 and has been adapted with permission by Sue Malloy,RN,MSN , Jan.1990

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree=DISAGREE

APPENDIX J

Junior Undergraduate Responses to AIDS Questionnaire

AIDS QUESTIONNAIRE

Junior Generic Undergraduate Student Data
Spring 1990
(n = 107) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	59	56	39	36	9	8
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	40	37	30	28	37	35
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	69	64	16	15	21	20
15. My nursing education has prepared me to care for a patient with AIDS.	39	36	55	51	13	12
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	56	53	39	36	12	11
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	3	3	100	93	4	4
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	70	66	24	22	13	12
19. I could provide support to the family of an AIDS patient.	92	86	3	3	12	11
20. I am comfortable with touching an AIDS patient.	77	72	9	9	21	20

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
21. I feel adequately prepared to work with families of AIDS patients.	31	29	50	47	26	24
22. I would be upset if I was assigned to a patient with AIDS.	15	14	71	66	21	20
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	47	44	37	34	23	21
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	85	79	8	8	14	13
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	61	57	26	24	20	19
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	6	6	84	78	17	16
27. The extra precautions needed to care for an AIDS patient would frustrate me.	16	15	76	71	15	14
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	13	12	73	68	21	20

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data
(n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
29. I would care for a patient withAIDS if hospital or agency policy dictates that I must care for him/her, In my role as an employee (ie. RN,Nursing assistant, etc.)	72	67	15	14	18	17
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	67	63	20	18	19	18
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards onewho has contracted AIDS from sexual activity or use of drugs.	52	49	43	40	10	9
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	54	50	19	17	34	32
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	14	13	79	74	14	13
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	29	27	60	56	18	17

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data
(n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	22	20	81	76	4	4
36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family , friends, and newly diagnosed AIDS patients.	37	35	50	47	20	18
37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	26	24	50	47	31	29
38. This SJSU nursing curriculum should have greater emphasis on "teaching" clients with AIDS.	94	88	4	4	9	8
39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.	98	92	3	3	6	5
40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.	67	62	33	31	7	7
41. I am confident with my ability to safely care for AIDS patients.	53	50	26	24	28	26

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	32	30	47	44	28	26
43. AIDS patients have a right to die with dignity.	106	99	0	0	1	1
44. AIDS patients have a right to choose unorthodox treatments for their illness.	93	87	2	2	12	11
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	100	93	1	1	6	6
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	52	48	26	24	29	27
47. I believe costs should not be a consideration in the care available to AIDS clients.	55	51	30	28	22	21
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	29	27	62	58	16	15

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	14	13	81	76	12	11
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	75	70	23	22	9	8
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	85	80	14	13	8	7
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	24	22	61	57	22	21
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	75	70	27	25	5	5
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	19	18	65	61	23	21
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	70	65	23	21	14	13

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
56. I have personally known someone diagnosed with AIDS.	32	30	70	65	5	5
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	20	64 **	8	26 **	3	10 **

**Total n = 31 for question #57 only

*** This questionnaire was originally developed by Gail Synoground, RN, MSN in 1988 and has been adapted with permission by Sue Malloy, RN, MSN, Jan.1990.

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

Appendix K

Sophomore Undergraduate Responses to AIDS Questionnaire

AIDS QUESTIONNAIRE

Sophomore Generic Undergraduate Student Data
Spring 1990
(n = 42) *

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
12. The possibility of taking care of a patient with AIDS makes me uncomfortable.	21	50	14	33	7	17
13. I would volunteer to take care of a patient with AIDS, regardless of how ill he/she was.	15	36	7	17	20	48
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	24	57	5	12	13	31
15. My nursing education has prepared me to care for a patient with AIDS.	14	34	15	36	13	31
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	23	55	17	41	2	5
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	2	5	37	88	3	7
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	28	67	10	24	4	9
19. I could provide support to the family of an AIDS patient.	32	76	3	7	7	17
20. I am comfortable with touching an AIDS patient.	27	64	3	7	12	29
21. I feel adequately prepared to work with families of AIDS patients.	12	28	15	36	15	36

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Generic Undergraduate SOPHOMORE Student Data
(n=42) *

QUESTION	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
22. I would be upset if I was assigned to a patient with AIDS.	10	24	16	38	16	38
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	19	45	5	12	18	43
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	36	86	2	4	4	10
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	22	52	9	22	11	26
26. It would be hard for me to form a therapeutic relationship with a terminally ill AIDS patient.	7	17	21	50	14	33
27. The extra precautions needed to care for an AIDS patient would frustrate me.	11	26	22	52	9	21
28. I would refuse to care for a patient with AIDS if assigned by the instructor/preceptor.	6	14	24	57	12	29
29. I would care for a patient withAIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee (ie. RN,Nursing assistant, etc.)	29	69	4	9	9	21

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Generic Undergraduate SOPHOMORE Student Data
(n=42) *

QUESTION	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	25	59	10	24	7	17
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards onewho has contracted AIDS from sexual activity or use of drugs.	22	52	14	33	6	14
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	23	54	10	24	9	21
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	12	29	21	50	8	19
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	12	29	17	40	13	31
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	4	10	30	71	8	19
36. Presently I feel I have enough knowledge and facts about AIDS to communicate effectively with family , friends, and newly diagnosed AIDS patients.	11	26	24	57	7	17

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Generic Undergraduate SOPHOMORE Student Data
(n=42) *

QUESTION	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	10	24	17	40	15	36
38. This SJSU nursing curriculum should have greater emphasis on " teaching" clients with AIDS.	30	71	1	2	11	26
39. The SJSU curriculum should have greater emphasis on "how to care for" a patient with AIDS.	33	79	0	0	8	19
40. I am comfortable talking to a patient with AIDS, but uncomfortable with handling his/her body secretions.	27	64	7	17	7	17
41. I am confident with my ability to safely care for AIDS patients.	15	36	14	34	12	29
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	22	53	10	24	9	21
43. AIDS patients have a right to die with dignity.	40	95	1	2	0	0
44. AIDS patients have a right to choose unorthodox treatments for their illness.	29	69	2	4	10	24

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Generic Undergraduate SOPHOMORE Student Data
(n=42) *

QUESTION	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	38	91	0	0	3	7
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	27	65	4	9	10	24
47. I believe costs should not be a consideration in the care available to AIDS clients.	24	57	8	19	9	21
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	16	38	16	38	9	21
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	8	19	27	64	6	14
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	32	77	4	9	5	12
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	26	62	5	12	9	21

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Generic Undergraduate SOPHOMORE Student Data
(n=42) *

QUESTION	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	8	19	17	41	14	33
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	29	69	9	21	2	5
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	3	7	28	66	9	21
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	28	67	4	10	8	19
56. I have personally known someone diagnosed with AIDS.	10	24	26	62	4	10
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	6	75 **	1	12 **	1	12 **

**Total n = 8 for question #57 only

*** This questionnaire was originally developed by Gail Synoground, RN, MSN in 1988 and has been adapted with permission by Sue Malloy, RN, MSN, Jan.1990.

*Some students have omitted questions

CODE: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	32	30	47	44	28	26
43. AIDS patients have a right to die with dignity.	106	99	0	0	1	1
44. AIDS patients have a right to choose unorthodox treatments for their illness.	93	87	2	2	12	11
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	100	93	1	1	6	6
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	52	48	26	24	29	27
47. I believe costs should not be a consideration in the care available to AIDS clients.	55	51	30	28	22	21
48. I believe I could contract AIDS from diagnosed patients, despite precautions that I use.	29	27	62	58	16	15

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data (n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS patient.	14	13	81	76	12	11
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	75	70	23	22	9	8
51. SJSU faculty should allow students to individually decide for themselves whether they wish to care for an AIDS patient or not.	85	80	14	13	8	7
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	24	22	61	57	22	21
53. My friends and/or family have expressed concerns to me about my possible exposure to AIDS clients.	75	70	27	25	5	5
54. I would be willing to begin mouth to mouth resuscitation on a patient known to have AIDS, even if no protective device were available.	19	18	65	61	23	21
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	70	65	23	21	14	13

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

SJSU Undergraduate Generic JUNIOR Student Data
(n=107)*

QUESTIONS	AGREE		DISAGREE		UNSURE	
	N	%	N	%	N	%
56. I have personally known someone diagnosed with AIDS.	32	30	70	65	5	5
57. If you answered AGREE (a) for #56, please answer #57 (If you disagreed with #56, omit this question) My exposure to someone personally diagnosed with AIDS has changed my attitudes towards caring for AIDS patients.	20	64 **	8	26 **	3	10 **

**Total n = 31 for question #57 only

*** This questionnaire was originally developed by Gail Synoground, RN, MSN in 1988 and has been adapted with permission by Sue Malloy, RN, MSN, Jan.1990.

* Some students have omitted select questions.

Code: (1) Highly Agree & (2) Slightly Agree = AGREE
(3) Unsure
(4) Slightly Disagree & (5) Highly Disagree= DISAGREE

APPENDIX L

Comparisons of Students' Beliefs of Prejudice About AIDS and AIDS Patients

BELIEFS OF PREJUDICE ABOUT AIDS & AIDS PATIENTS

	AGREE			DISAGREE			UNSURE		
	Grad	UG	RN	Grad	UG	RN	Grad	UG	RN
n =	42	225	15	42	225	15	42	225	15
	%	%	%	%	%	%	%	%	%
17. The quality of care I give to an AIDS patient would be less than I would give for other patients.	7	3	7	90	93	93	2	4	0
18. I can accept the lifestyle of patients who have contracted AIDS through homosexuality practices, prostitution, or abuse of I.V. drugs.	64	62	80	28	25	7	7	13	13
26. It would be hard for me to form a therapeutic relationship with a terminally-ill AIDS patient.	17	10	20	62	72	80	21	17	0
30. I would be upset with a woman who knew she was HIV positive and became pregnant.	66	62	73	19	18	20	12	19	7
31. I would feel differently towards a patient who contracted AIDS through a blood transfusion, than towards onewho has contracted AIDS from sexual activity or use of drugs.	45	50	53	38	38	47	5	9	0
34. AIDS patients should be placed on a separate unit, when admitted to an acute care setting.	26	24	33	50	57	54	24	19	13
35. I automatically suspect homosexuals of having AIDS, even if not officially diagnosed.	33	19	33	55	73	54	10	8	13
37. If I were a patient , I would not mind being cared for by a nurse or a health care giver with a positive AIDS test.	20	31	40	60	41	40	21	27	20

APPENDIX M

Comparisons of Responses to AIDS Patient' Confidentiality

AIDS PATIENT CONFIDENTIALITY QUESTIONS

	AGREE			DISAGREE			UNSURE		
	GRAD	UG	RN	GRAD	UG	RN	GRAD	UG	RN
n =	42	225	15	42	225	15	42	225	15
	%	%	%	%	%	%	%	%	%
16. A patient with AIDS has the right to confidentiality about his/her diagnosis.	69	55	53	27	37	40	2	8	7
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	58	83	80	26	7	13	14	10	7
32. If a patient were to tell me that he/she has AIDS, I would keep this information confidential.	66	52	80	17	20	7	17	27	13
33. Other patients on the same unit in the hospital have the right to know if a patient on their unit has AIDS.	7	15	13	84	71	74	10	13	13

APPENDIX N

Comparisons of Students' Beliefs About Patient Rights

BELIEFS ABOUT AIDS PATIENTS' RIGHTS

	AGREE			DISAGREE			UNSURE		
	Grad	UG	RN/BN	Grad	UG	RN/BSN	Grad	UG	RN/BSN
n =	42	225	15	42	225	15	42	225	15
	%	%	%	%	%	%	%	%	%
16 A patient with AIDS has the right to confidentiality about his/her diagnosis.	69	55	53	27	37	40	2	8	7
43. AIDS patients have a right to die with dignity.	95	97	100	2	1	0	0	1	0
44. AIDS patients have a right to choose unorthodox treatments for their illness.	88	80	93	7	3	0	2	16	7
45. An AIDS patient's wishes should be taken into account, when extra life-sustaining measures, such as use of a ventilator, are being considered.	91	92	93	7	1	0	0	6	7
46. Depending on the patient's personal wishes, every life-sustaining measure should be done for patients with AIDS, regardless of resources available (ie. money, equipment, staff).	35	52	40	43	21	26	19	27	33
47. I believe costs should not be a consideration in the care available to AIDS clients.	43	51	46	43	28	20	12	21	33

APPENDIX O

Comparisons of Students' Beliefs About Rights of the Caregiver/ Agency in Caring for AIDS Patients

RIGHTS OF THE CAREGIVER/ AGENCY IN CARING FOR AIDS PATIENTS

	AGREE			DISAGREE			UNSURE		
	Grad	UG	RN	Grad	UG	RN	Grad	UG	RN
n =	42	225	15	42	225	15	42	225	15
	%	%	%	%	%	%	%	%	%
14. I have the right to refuse to take care of a patient with AIDS, in a student nurse role.	46	56	46	24	21	27	29	22	27
23. All hospitalized patients should be required to have an HIV Antibody test on admission.	33	42	20	50	33	67	17	25	13
24. Results of HIV Antibody tests should be available to all hospital personnel directly involved in patient care.	58	83	80	26	7	13	14	10	7
25. Health care workers should be allowed to refuse assignment to an HIV seropositive patient.	40	51	20	40	31	60	19	18	20
29. I would care for a patient with AIDS if hospital or agency policy dictates that I must care for him/her, in my role as an employee(ie.RN,Nsg asst)	69	74	86	19	12	7	12	12	7
42. Practicing RNs who are required to care for patients with AIDS should be paid more.	34	33	40	40	45	53	26	21	7
49. A health care facility (ie. hospital, home care agency) should have the right to refuse care to an AIDS pt.	2	13	7	71	76	80	21	11	13
50. Hospital care workers are at increased risk for contracting AIDS than those in other occupations.	86	74	93	12	18	0	0	8	7
28. I would refuse to care for an AIDS patient, if assigned by an instructor/or/ preceptor	9	12	7	81	72	73	9	16	20
52. As a graduate RN, if given an option to refuse to care for an AIDS client, I would definitely refuse that assignment.	29	18	27	47	57	60	24	22	13
55. I believe that RNs should be permitted to refuse care to an AIDS patient, without risk of losing their job.	59	60	46	19	21	27	21	18	27